

APPROVED FOR RELEASE DATE:

10-Nov-2008

SECRET

(b)(6)
(b)(2)

ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last) <input type="text"/>	(first) <input type="text"/>	(middle) <input type="text"/>	DATE OF BIRTH (month, day, year) <input type="text"/> Fed. 7-18-22	SOCIAL SECURITY NUMBER <input type="text"/>
EMPLOYING DEPARTMENT OR AGENCY <input type="text"/>		LOCATION (City, State, ZIP Code) <input type="text"/>		

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here _____
if you
WANT BOTH
optional and
regular
insurance

↓
 (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here _____
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

↓
 (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here _____
if you
WANT NEITHER
regular nor
optional
insurance

↓
 (C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

SIGN AND DATE, IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

DATE

John L. Carson
27 Feb 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

BENEFITS & INSURANCE
OFFICE OF PERSONNEL

89, NV 80 11 92 MAR

See Table of Effective Dates on back of Original

ORIGINAL COPY—Begin in Official Personnel Folder

STANDARD FORM NO. 1740
JANUARY 1968
(For use only until April 1, 1970)
GSA GEN. REG. NO. 27-101